

# County of Fairfax, Virginia

# MEMORANDU M

Office of the County Attorney Suite 549, 12000 Government Center Parkway Fairfax, Virginia 22035-0064 Phone: (703) 324-2421; Fax: (703) 324-2665 www.fairfaxcounty.gov

**DATE:** 

July 29, 2014

TO:

Deborah Pemberton, Planner III Zoning Evaluation Division

Department of Planning and Zoning YEG/ADK

FROM:

Jo Ellen Groves, Paralegal

Office of the County Attorney

**SUBJECT:** 

**Affidavit** 

Application No.: SE 2014-SU-044

Applicant: Gita D. Kumar

PC Hearing Date: not yet scheduled BOS Hearing Date: not yet scheduled

**REF.:** 

126302

Attached is an affidavit which has been approved by the Office of the County Attorney for the referenced case. Please include this affidavit dated 7/23/14, which bears my initials and is numbered 126302, when you prepare the staff report. Please note that a staff coordinator has not been assigned yet.

Thank you for your cooperation.

Attachment

cc: (w/attach) Jonathan Buono, Planning Technician I (Sent via e-mail)

Zoning Evaluation Division

Department of Planning and Zoning



COUNTY OF FAIRFAX

APPLICATION No: SE 2014-Se

(Staff will assign)

Department of Planning and Zoning

Zoning Evaluation Division

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711

126302

www.fairfaxcounty.gov/dpz/zoning/applications

RIECENTED

Department of Planning & Zoning

JUL 28 2014

APPLICATION FOR A SPECIAL EXCEPTION  Zoning Evaluation Division		
	(PLEASE TYPE or PRINT IN BLACK INK)	
	NAME GITA D. KUMAR Peek A Boo Child Care	
APPLICANT	MAILING ADDRESS 5642 POWER Lane, Certificialle, NA 20120	
APPLICANT	PHONE HOME (703-266-0223 703-266-0223	
	PHONE MOBILE ( ) -266-0223	
	PROPERTY ADDRESS	
	Sauz Rowers Lane Centreville, VA 20120	
	TAX MAP NO. SIZE (ACRES SQ FT)	
PROPERTY	0544260201 4334	
INFORMATION	ZONING DISTRICT  SULLY  MAGISTERIAL DISTRICT	
	PROPOSED ZONING IF CONCURRENT WITH REZONING APLICATION:	
	ZONING ORDINANCE SECTION	
SPECIAL EXCEPTION	ZOMING ORDINANCE SECTION	
REQUEST	PROPOGED LIGE	
INFORMATION	Home Child Care Facility	
	NAME Child Care tacillety	
	The state of the s	
	MAILING ADDRESS	
AGENT/CONTACT INFORMATION	PHONE NUMBER WORK	
II (I Old III 2 2 2 2	PHONE NUMBER	
	PHONE NUMBER MOBILE	
MAILING	Send all correspondence to (check one): Applicant -or- Agent/Contact	
	The word made part of this application. The	
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject to		
property as necessary to process the application.		
TYPE/PRINT NAME OI	FAPPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

Date application accepted: \_\_\_\_

Application Fee Paid: \$\_\_\_\_\_

,	REQUIREMENT	SUBMITTED
shov all lo phot direction	tographs of the application property and abutting properties wing existing structures, terrain and vegetation as viewed from ot lines and street lines of the application property. The tographs shall be clearly dated and labeled as to the location and ection from which the photographs were taken. The use of tal photography is preferred in which case a disk containing e digital photographs shall also be provided.	
of a equa 500	all applications proposing residential development, five (5) copies map identifying classification of soil types at a scale of one inch als five hundred feet (1"= 500"), covering the area within at least a foot radius of the proposed use and showing the existing zoning sification for all land appearing on the map.	
the a com certing ager updathro concertification at (7 approximates)	otarized <b>affidavit</b> that is completed and signed by the applicant or applicant's authorized agent. If the applicant's authorized agent pletes the application or affidavit on the applicant's behalf, a lified statement from the applicant must be submitted showing the not's authorization to act on his/her/its behalf. The affidavit must be noted if there are any changes in the information up to the time of the lic hearings. A copy of the affidavit form is presented on pages 16 ugh 25 and at <a href="www.fairfaxcounty.gov/dpz/affidavits">www.fairfaxcounty.gov/dpz/affidavits</a> . For questions cerning affidavits, please contact the Office of the County Attorney (03) 324-2421, TTY 711. Prior to each public hearing on the dication, the applicant or authorized agent is required to reaffirm the davit verbally.	
othe	ritten statement of justification describing the proposed use and repertinent data which complies with Section 9-011 of the Zoning inance found on page 15 of this package.	
the inot the s	atement which confirms the ownership of the subject property and nature of the applicant's interest in the property. If the applicant is the owner of the property involved in the application, evidence must ubmitted showing that the applicant will have the right to use the perty as proposed.	
prov Surv Cou appl activ	ere applicable, any other information as may be required by the visions of Article 7, including the submission of the Archaeological vey Data Form and a Phase I Archaeological Survey to the Fairfax nty Park Authority as may be required pursuant to Sect. 7-210 for ications resulting in 2500 square feet or more of land disturbing vity and where the application property is located wholly or partially ain or contiguous to a Historic Overlay District. A copy of the haeological Survey Data Form is included in the package on page 28-	
10. A cl	neck written to County of Fairfax in the amount shown on the fee edule set forth on page 26 of this package	\ \

<sup>\*</sup> Reminder: One of the detailed submission requirements for special exception plats relates to stormwater management facilities. Any waivers for stormwater management to permit underground detention facilities in residential areas or for Resource Protection Area (RPA) exceptions should be submitted concurrently with special exception applications. The Board of Supervisors must act on the waiver request concurrently with the special exception application. Waiver requests or RPA exceptions are to be submitted to the Department of Public Works and Environmental Services (DPWES) at the Plan and Document Control counter, located on the 5<sup>th</sup> floor of the Herrity Building, 12055 Government Center Parkway. If you have any questions, please call (703) 324-1730.

# SPECIAL EXCEPTION AFFIDAVIT

I,				
(check one) applicant applicant's authorized agent listed in Par. 1(a) below				
in Application No.(s): SE-2014-50-014 126302  (enter County-assigned application number(s), e.g. SE 88-V-001)				
and that, to the best of my knowledge and belief, the following information is true	1e:			
The following constitutes a listing of the names and addresses of all APPLICANTS, TITLE OWNERS, CONTRACT PURCHASERS, and LESSEES of the land described in the application,* and, if any of the foregoing is a TRUSTEE,** each BENEFICIARY of such trust, and all ATTORNEYS and REAL ESTATE BROKERS, and all AGENTS who have acted on behalf of any of the foregoing with respect to the application:  (NOTE: All relationships to the application listed above in BOLD print are to be disclosed.  Multiple relationships may be listed together, e.g., Attorney/Agent, Contract Purchaser/Lessee,  Applicant/Title Owner, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.)				
NAME (enter first name, middle initial, and last name)  ADDRESS (enter number, street, city, state, and zip code)	RELATIONSHIP(S) (enter applicable relationships listed in BOLD above)			
Grith D. Kurnar Sbuz Powers Lane Centreville, Peek A Boochild care Inc VA 20120	Afflicant/Title			

(check if applicable)

[ ] There are more relationships to be listed and Par. 1(a) is continued on a "Special Exception Attachment to Par. 1(a)" form.

\* In the case of a condominium, the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium.

\*\* List as follows: Name of trustee, Trustee for (name of trust, if applicable), for the benefit of: (state name of each beneficiary).



#### SPECIAL EXCEPTION AFFIDAVIT

DATE: <del>1-23-2011</del> (enter date affidavit is notarized)		
for Application No. (s):  SEROU-SU-OLU  (enter County-assigned application number(s))		
1(b). The following constitutes a listing*** of the <b>SHAREHOLDERS</b> of all corporations disclosed in this affidavit who own 10% or more of any class of stock issued by said corporation, and where such corporation has 10 or less shareholders, a listing of all of the shareholders:		
( <u>NOTE</u> : Include SOLE PROPRIETORSHIPS, LIMITED LIABILITY COMPANIES, and REAL ESTATE INVESTMENT TRUSTS herein.)		
CORPORATION INFORMATION		
NAME & ADDRESS OF CORPORATION: (enter complete name and number, street, city, state, and zip code)  PERICA BOO CANC CAYE DAC  S6U2 POWERS LOWE  CENTYEVILE, VA 2012O  DESCRIPTION OF CORPORATION: (check one statement)  There are 10 or less shareholders, and all of the shareholders are listed below.  [] There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below.  [] There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.		
NAMES OF SHAREHOLDERS: (enter first name, middle initial and last name)  GITA D. KUMAK		
SIM DINORUS		
(check if applicable) [ ] There is more corporation information and Par. 1(b) is continued on a "Special Exception Affidavit Attachment 1(b)" form.		
*** All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders had no shareholder owning 10% or more of any class of stock. In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trust. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land. Limited liability companies and the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed. Use footnote numbers to designate partnerships or corporations, which shareholders; managing members shall also be listed.		

have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

# SPECIAL EXCEPTION AFFIDAVIT (enter County-assigned application number(s)) 126302 The following constitutes a listing\*\*\* of all of the PARTNERS, both GENERAL and LIMITED, in 1(c). any partnership disclosed in this affidavit: PARTNERSHIP INFORMATION PARTNERSHIP NAME & ADDRESS: (enter complete name, and number, street, city, state, and zip code) [ ] The above-listed partnership has no limited partners. (check if applicable) NAMES AND TITLE OF THE PARTNERS (enter first name, middle initial, last name, and title, e.g. General Partner, Limited Partner, or General and Limited Partner)

[ ] There is more partnership information and Par. 1(c) is continued on a "Special (check if applicable) Exception Affidavit Attachment to Par. 1(c)" form.

\*\*\* All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed. Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

ı	Page Four		
	SPECIAL EXCEPTION AFFIDAVIT		
	DATE: 7-23-2014		
	(enter date affidavit is notarized)		
£., 1	Window No (a) SF 90111- S12-044		
ior Ap	enter County-assigned application number(s))		
1(d).	One of the following boxes <u>must</u> be checked:		
	In addition to the names listed in Paragraphs 1(a), 1(b), and 1(c) above, the following is a listing of any and all other individuals who own in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land:		
	Other than the names listed in Paragraphs 1(a), 1(b), and 1(c) above, no individual owns in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land.		
2.	That no member of the Fairfax County Board of Supervisors, Planning Commission, or any member of his or her immediate household owns or has any financial interest in the subject land either individually, by ownership of stock in a corporation owning such land, or through an interest in a partnership owning such land.		
	EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on the line below.)		
	None		
•			
	(check if applicable) [ ] There are more interests to be listed and Par. 2 is continued on a "Special Exception Attachment to Par. 2" form.		

# SPECIAL EXCEPTION AFFIDAVIT

	DATE: 7-23-2014
	(enter date affidavit is notarized)
Appli	(county-assigned application number(s), to be entered by County Staff)
3.	That within the twelve-month period prior to the public hearing of this application, no member of the Fairfax County Board of Supervisors, Planning Commission, or any member of his or her immediate household, either directly or by way of partnership in which any of them is a partner, employee, agent, or attorney, or through a partner of any of them, or through a corporation in which any of them is an officer, director, employee, agent, or attorney or holds 10% or more of the outstanding bonds or shares of stock of a particular class, has, or has had any business or financial relationship, other than any ordinary depositor or customer relationship with or by a retail establishment, public utility, or bank, including any gift or donation having a value of more than \$100, singularly or in the aggregate, with any of those listed in Par. 1 above.  EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on line below.)
	NOTE: Business or financial relationships of the type described in this paragraph that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings. See Par. 4 below.)  (check if applicable) [] There are more disclosures to be listed and Par. 3 is continued on a "Special Exception Attachment to Par. 3" form.
4.	That the information contained in this affidavit is complete, that all partnerships, corporations, and trusts owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land have been listed and broken down, and that prior to each and every public hearing on this matter, I will reexamine this affidavit and provide any changed or supplemental information, including business or financial relationships of the type described in Paragraph 3 above, that arise on or after the date of this application.
WIT	NESS the following signature:
•	(check one)  Applicant  [ ] Applicant's Authorized Agent  (type or print first name, middle initial, last name, and & title of signee)
Subsc	cribed and sworn to before me this 23 day of 50LY 2014, in the State/Comm. of County/City of FAIRFAX
	Ommission expires: Notary Public  CHETAN WAHI  NOTARY PUBLIC  COMMONWEALTH OF VIRGINIA  MY COMMISSION EXPIRES NOV. 30, 2016
FORM :	SEA-1 Updated (7/1/06) COMMISSION #7513762

Page	_ of

Special Exception Attachment to Par. 1(a)

	DATE: 7-23-204
for Application No. (s):	SE (enter date affidavit is notarized)
	(enter County-assigned application number (s))

(NOTE: All relationships to the application are to be disclosed. Multiple relationships may be listed together, e.g., Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel (s) for each owner(s) in the Relationship column.)

NAME (enter first name, middle initial, and last name)

ADDRESS

(enter number, street, city, state, and zip code)

RELATIONSHIP(S)
(enter applicable relationships listed in BOLD above)

None

[]

RECEIVED
Department of Planning & Zoning

JUL 28 2016

Zoning Evaluation Division

(check if applicable)

There are more relationships to be listed and Par. 1(a) is continued further on a "Special Exception Attachment to Par. 1(a)" form.